



Express Mail Label:

Please type a plus sign (+) inside this box +

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	
	Filing Date	
	First Named Inventor	Sheri L. Zimmer
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	010405

I hereby appoint:

☐ Practitioners at Customer Number → Place Customer
Number Bar Code
Label here

OR

☒ Practitioner(s) named below:

Name	Registration Number
Rudolf O. Siegesmund	37,720
Robert H. Frantz	42,553

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Rudolf O. Siegesmund, Reg. No. 37,720				
Address	4627 N. Central Expressway, Ste. 2000				
Address					
City	Dallas	State	TX	Zip	75205
Country	U.S.A.				
Telephone	214-528-2407	Fax	214-528-2434		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Mark W. Lewis
Signature	
Date	16 Jul 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.